



Provider Web Portal Quick Guide – Entering Other Insurance or Medicare Crossover Information on a Claim

A change was implemented within the Provider Web Portal on 7/5/2017. Users must now submit Other Insurance Information (Third Party Liability or TPL information) and Medicare Crossover Information on each service line if the member has other insurance.

Other Insurance Information will still be entered at the header level for Inpatient, Crossover Inpatient and Nursing Facility claims.

Select “Include Other Insurance” checkbox on Step 1 of the “Submit Claim” pages. This will enable fields where the necessary other insurance information can be entered for Step 2 and Step 3 as needed.

The screens vary slightly depending on the type of claim being submitted (Dental, Professional and Institutional-Outpatient/Inpatient). This Quick Guide uses the Professional claim type as the example.

Step 1. Select the "Include Other Insurance" checkbox on the Submit Claim page.**Professional Claim**

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID [REDACTED] ID Type NPI Name [REDACTED]

Taxonomy Clinic/Center - Primary Care

Referring Provider ID [REDACTED] ID Type [REDACTED] Name _

Taxonomy [REDACTED]

Supervising Provider ID [REDACTED] ID Type [REDACTED] Name _

Taxonomy [REDACTED]

Service Facility Location ID [REDACTED] ID Type [REDACTED] Name _

Taxonomy [REDACTED]

Member Information

*Member ID [REDACTED]

Last Name _ First Name _

Birth Date _

Address [REDACTED]

[REDACTED]

City [REDACTED]

State [REDACTED] Zip Code [REDACTED]

Claim Information

Date Type [REDACTED] Date of Current [REDACTED]

Accident Related Reason [REDACTED]

*Patient Number [REDACTED]

*Transport Certification ☐ Yes ☐ No

Enter a Previous Claim ICN if filing a claim with dates of service older than 120 days. The previous claim must have been filed within the defined timely filing period.

Previous Claim ICN [REDACTED]

Note [REDACTED]


*Does the provider have a signature on file? ☐ Yes ☐ No

Include Other Insurance ☒

Total Charged Amount \$0.00

Continue Cancel


Step 2. Enter the other insurance carrier information on the Submit Claim page under "Other Insurance Details".**Professional Claim**

Submit Professional Claim: Step 2 


** Indicates a required field.*

Claim Type Professional

Provider Information


Billing Provider ID 


ID Type NPI

Name 

Taxonomy Clinic/Center - Primary Care

Patient and Claim Information


Member ID 

Member Birth Date 

Gender Female

Total Charged Amount \$0.00


[Expand All](#) | [Collapse All](#)


Diagnosis Codes 

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.


#	Diagnosis Type	Diagnosis Code	Action
1			

1

**Diagnosis Type* ICD-10-CM 

**Diagnosis Code* 








[Add](#) [Reset](#)

Other Insurance Details 

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

[Refresh Other Insurance](#)

#	Carrier	Policy ID	Action
<input type="checkbox"/> Click to collapse.			
<div><div><i>*Carrier</i> </div><div><i>*Policy Holder Last Name</i> </div><div><i>*Policy ID</i> </div><div>Insurance Type </div><div><i>*Responsibility</i> </div><div><i>*Patient Relationship to Insured</i> </div><div><i>*Claim Filing Indicator</i> </div></div> <div>Add Cancel</div>			

[Back to Step 1](#)

[Continue](#) [Cancel](#)

Step 3. Enter the other insurance carrier information on the Submit Claim page under the "Other Insurance for Service Detail".

Professional Claim

Submit Professional Claim: Step 3 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID [REDACTED] **ID Type** NPI **Name** [REDACTED]

Taxonomy Clinic/Center - Primary Care

Patient and Claim Information

Member ID [REDACTED] **Gender** Female

Member Birth Date [REDACTED] **Total Charged Amount** \$0.00

[Expand All](#) | [Collapse All](#)

Diagnosis Codes +

Other Insurance Details -

#	Carrier	Policy ID
1	000749-HUMANA HEALTH CARE	5325234

Service Details -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date [] To Date [] *Place of Service [] EMG []

*Procedure Code [] Modifiers [] [] [] [] *Diagnosis Pointers [] [] [] []

*Charge Amount [] *Units [] *Unit Type [] EPSDT [] Family Plan Service []

CLIA Number []

Rendering Provider ID [] ID Type []

Taxonomy []

Referring Provider ID [] ID Type []

Taxonomy []

NDCs for Svc. # 1 +

Other Insurance for Service Detail -

Click the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Carrier ID	Paid Amount	Paid Date	Paid Units	Action
Click to collapse.					
*Other Carrier []					
*Paid Amount [] *Paid Date [] *Paid Units []					
Add Cancel					

[Add](#) [Reset](#)

Need More Help?

Please visit the [Quick Guides and Webinars](#) web page to find all the Provider Web Portal Quick Guides:

Aid Code and Benefit Plan Acronyms**Are You Billing from the Correct Account?****Copy, Adjust, or Void a Claim****Delegates****Delegate Access Definitions****Entering Third Party Liability****Provider Maintenance****Pulling your 835 - Linking to your own TPID****Pulling your Remittance Advice (RA)****Reading your Remittance Advice (RA)**

- Internal Control Number (ICN) Information Sheet
- Region Code Information Sheet

Updating your EFT/ERA Information**Validating a Trading Partner ID (TPID)****Verifying Member Eligibility**

- Managed Care Assignments
- Primary Care Provider
- Medicare Coverage
- Member Co-Pay Amounts

Viewing Prior Authorizations in the Portal**Web Portal Registration**

Provider Web Portal – Frequently Asked Questions (FAQs)

Please visit the [Provider FAQ Central](#) web page and look under the Billing and Web Portal headings to see Provider Web Portal FAQs.

Provider Web Portal – Recorded Webinars

Click the links below to access the recorded webinars:

[Session #1](#) Access the new Portal, Portal Registration, Log in, My Profile, Manage Accounts (including delegates)

[Session #2](#) Provider Maintenance (including updates and affiliations), EFT/ERA Enrollment, Disenroll

[Session #3](#) Member Information and Eligibility Verification

[Session #4](#) Remittance Advice (RA), Search Payment History, Search for Accounts Receivable Records, Make a Payment

[Session #5](#) Notify Me, Alerts, Secure Correspondence

[Session #6](#) Files Exchange, Resources

[Session #7](#) Search & Submit CMS 1500, UB-04, Emergency Dental Claims, Prior Authorizations (Nursing Facility PETI PARs only)

[Bridge](#) Bridge training for Community Centered Boards (CCBs) only